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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).										
I hereby appoint:										
×	Practitioners associated with the Custo			omer Number:	30678					
	Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):									
	Name		Registration Number		Name			Registration Number		
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assignment documents attached to this form in accordance with 37 CFR 3.73(b).										
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:										
LĂ	X The address associated with Customer Number: 30678									
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Assignee Name and Address: SYMRISE GmbH & Co. KG Muehlenfeldstrasse 1 37603 Holzminden GERMANY										
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.										
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee										
si	ignature		M-9/L			Doto	narch	. 23°d	2009	
	ame	,	Dr. Heinz-Jürge	n Bertram		Telepho	ne the	5531	-902414	
T	Title Managing Director									